

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/589831**  
APPLICANT(S)

FILING DATE

*5/24/06*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3						
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50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS		20				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								